Formulary Management Strategy: Using PANFRX Form

Presented
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Ireland Army Community Hospital

- MEDDAC
- 31 beds
- $23 million pharmacy budget
- 3,300 annual admissions
- 45,000 sterile products
- 800,000 outpatient scripts per year

Outline

- Objectives
- Background
- Methods
- Results
- Summary
- Conclusion
- Questions

Objectives

- Improve the process for non-formulary drug requests for vardenafil (Levitra ®)
- Simultaneously meet:
  - Prior-authorization requirements
  - Prescription requirements
- Improve clinical practice
- Cost containment

Background

- Before the PANFRX form was implemented:
  - Provider filled out non-formulary (NF) drug request
  - Pharmacy reviewed, approved or denied requests
    - Approximately ½ of NF requests needed prior authorization
    - Pharmacy called the provider for more/missing information
  - Provider notified of action and then entered a new Rx in CHCS if applicable
  - “Approval Comment,” entered in pharmacy patient comment field
  - Patient is notified that the medication is approved

Methods

- P & T Committee approved the PANFRX[1] combination form
  - The form combines
    - Prior authorization request (PA)
    - Non-formulary request (NF)
    - New prescription (Rx)

1. Prior-Authorization Non – formulary Request Prescription (PANFRX).

DDAC Levitra® Prior Authorization Non-Formulary Request Prescription (PANFRX)

completed and signed by a Fort Knox MEDDAC MTF prescriber for the treatment of erectile dysfunction. To be used only scriptions that are to be filled at Fort Knox MEDDAC Pharmacy.

SE NOTE: All PDE5 inhibitors remain non-formulary at each Fort Knox MEDDAC MTF. This non-formulary est form may also serve as a prescription, if filled out completely

uthorization criteria and a copy of this form are available on the shared drive at \\SLCON\Levitra

for which PANFRX is requested: Vardenafil (Levitra®)

Please complete patient and physician information (Please Print)

Patient Stamp or Plate

Physician Stamp or Information

Patient name:

FMP/SSN:

Address:

Phone number:

Please consider the following when prescribing vardenafil (Levitra®)

- **CONTRAINDICATION:** Patients taking nitrates, either regularly or intermittently, should not receive PDE5 inhibitors. Patients should be informed of the consequences should they initiate nitrate therapy while taking a PDE5 inhibitor.
- **PRECAUTION:** Patients consuming a class IA (e.g., procainamide, disopyramide, or quinidine) or class III (e.g., amiodarone, sotolol) antiarrhythmic or have a condition causing QT prolongation should not take Levitra®, and are eligible for Viagra® or Cialis®.
- Per labeling: Patients ≥65 years or older, or with moderate liver disease (Child Pugh B) should start with **5 mg/24 hrs**.
- Per labeling: Patients on the **alpha blocker, terazosin, prazosin, doxazosin, or tamsulosin** should only receive a PDE5 inhibitor when the alpha blocker therapy is stabilized and should start with a low dose of **5 mg (or less) per 24 hours, taken at least 6 hours apart**.
- Patients consuming the concomitant CYP 3A4 inhibitor **erythromycin, ketoconazole 200 mg/day, or itraconazole 200 mg/day** should receive a maximum oral dose of **5 mg/24 hours**.
- Patients consuming the concomitant CYP 3A4 inhibitor **indinavir, ketoconazole 400 mg/day, or itraconazole 400 mg/day** should receive a maximum oral dose of **2.5 mg/24 hours**.
- Patients consuming the concomitant CYP 3A4 inhibitor **ritonavir** should receive a maximum oral dose of **2.5 mg/72 hours**.

Please complete the clinical assessment

1. Is Levitra® being prescribed for the treatment of sexual dysfunction?
o Yes — **Please proceed to Question 2**
o No — **Please proceed to Question 5**

2. Is the patient male?
o Yes — **Please proceed to Question 3**
o No — **Coverage not approved**

3. Is the patient 50 years of age or older?
o Yes — Coverage limited to a collective quantity (vardenafil) of 6 tablets per 30 days or 18 tablets per 90 days. Please complete Questions 6a thru 6e.
o No — **Please proceed to Question 4**

4. Is Levitra® being prescribed for the treatment of erectile dysfunction of organic origin?
Organic impotence is considered a consequence of chronic medical conditions that result in impaired arterial blood flow or nerve damage, mixed organic/psychogenic causes, and necessary use of causative medications that cannot be reduced or discontinued. TRICARE regulations specifically exclude coverage of therapies for erectile dysfunction that is not of organic origin.
o Yes — **Coverage approved**. Coverage limited to a collective quantity (vardenafil) of 6 tablets per 30 days or 18 tablets per 90 days. Please complete Questions 6a thru 6e.
o No — **Coverage not approved**

5. Is Levitra® being prescribed for the treatment post radical prostatectomy or primary pulmonary hypertension?
o Yes — **Submit non-formulary request, this form is limited to 2 PDE requests.**
o No — **Coverage not approved**

6a. Levitra® Dosage Strength (circle): 10mg or _____
6b. Directions: 1 TABLET BY MOUTH 60 MIN PRIOR TO SEXUAL ACTIVITY OR AS DIRECTED *NOT TO EXCEED 1 DOSE PER 24 HRS*
or _____

6c. Quantity (circle): #18 or ____

6d. Number of Refills (circle): #3 or _____

6e. Planned Duration of Therapy (circle): 1 YEAR or _____

I certify that the above is correct and accurate to the best of my knowledge (Please write legible):

Prescriber Signature Date

Latest revision Oct 05

- Adapted from
  1. Tricare PA Form and medical necessity form
  2. WRAMC PA/NF combination form

Results

- Implemented 10/12/2005
- Utilization total
  - 146 completed forms
- Benefits
  - Time Avoidance (10/12 – 12/12/2005)
    - Estimated 10 minutes/NF request via DD2081
    - Estimated 24 hrs avoided over 2 months
  - Reduction in calls to providers
  - Patients are approved and Rx filled immediately

Conclusion

- Use of the PANFRX form has been successfully implemented at IRACH MEDDAC, FT Knox
- Streamlined the handling of NF requests for vardenafil
  - Planning to use for tamsulosin and amlodipine
- Standardizes and improves the safety of the entire process
- Easy to direct a provider to our shared drive to fill out the specific form

Summary

- Objectives – Need to simplify the process
- Methods – Combination form approval
- Results – Providers are using the form
- Conclusion – Successfully implemented

Questions

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